# Travel/Expense Record

Purpose of Trip:
Required Attachments:
Agenda
Itemized Meal Receipts (for traveler only)

**Franklin County Board of Education**
**P.O. Box 610**
**Russellville, AL 35653**
**Phone: 256-332-1360**
**Fax: 256-331-0069**

**Name:** _____
**Address:** _____
_____

I hereby certify that the travel and expense indicated below was accomplished in the performance of official duties pursuant to travel authority granted me.

**Signature of traveler:** _____

| Date | From | To | Total Miles | Meals | Misc. | Total |
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| | | **Total** | | | | |

**Approved by Board Authorized Department Head:** _____

**DATE:** _____

Revised: 05/30/2012